
QUALIFIED MEDICARE BENEFICIARIES-B

MA-2140 QUALIFIED MEDICARE BENEFICIARIES-B

REISSUED 01/01/14 - CHANGE NO. 11-13

I. INTRODUCTION TO MQB-B

An individual who is enrolled in Medicare Part A, meets the MQB-Q requirements, and has income between 100% and 120% of poverty is eligible for the state to buy-in payment of the Medicare Part B premium. Buy-in is effective the month of authorization with “B” Medicaid classification. No additional benefits are provided under this program. No Medicaid card will be issued to beneficiaries authorized for MQB-B.

II. MQB-B ELIGIBILITY REQUIREMENTS

A. Meet all eligibility criteria in MA-2000, Non-SSI Eligibility Requirements.

B. Medicare

Enrolled in Medicare Part A and has an RSDI claim number or Railroad Retirement number. Verify Medicare coverage by checking one of the following:

1. On Line Verification (OLV) system for SOLQ. For Railroad Retirement benefit verification, contact the Railroad Retirement Board at 1-800-808-0772, or online at www.rrb.gov and select “Benefit Online Services.”
2. The Medicare Card
3. Bendex (Part B is SMI entitlement and Part A is HIB entitlement)
4. Medicare EOB (Explanation of Benefits)

NOTE: An individual whose Medicare suffix is “M” is not eligible for free Part A. Additionally, a person under age 65 should not have Medicare suffix “M.” Always verify that the suffix is correct and that the individual is enrolled in Part A.

NOTE: Inmates of public institutions are not eligible for Medicare.

C. Ineligible for MQB-Q

Meets all MQB-Q financial eligibility criteria except that income exceeds 100% federal poverty limit (FPL).

D. Income

Must have countable monthly income greater than 100% and not to exceed 120% of the federal poverty limit.

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(II.D.)

Refer to MA-2260, Eligibility Requirements-PLA, for current MQB-B income levels.

E. Resources

Countable resource limits:

Individual - **\$7,160**

Couple - **\$10,750**

III. MQB-B SPECIAL PROGRAM REQUIREMENTS

A. Limited Coverage

1. MQB-B pays only the Medicare Part B premium.
2. MQB-B recipients do not receive a Medicaid card.
3. MQB-B recipients do not qualify for medical transportation because Medicare does not cover routine transportation.

B. Dual Eligibility

1. An individual (or couple) may be dually eligible for MAABD and MQB-B.
2. An individual must have his eligibility determined under all categories for which he might qualify.

C. Processing Requirements

The application processing time standard is 45 days.

1. If the applicant will not be enrolled and covered by Medicare Part A by the application processing standard, deny the MQB-B application according to procedures in MA-2304, Processing the Application.

NOTE: An individual who is eligible for premium-free Part A, but does not enroll during his enrollment period, can enroll only during the months of January through March of each year. Medicare Part A coverage is effective July 1st of the enrollment year.

2. If the applicant will be covered by Medicare Part A prior to the processing deadline, the case may be authorized effective with the month of Part A coverage.

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D. Disposition

1. If the applicant is eligible, approve MQB-B. Use the DMA-5002 or the DMA-5002S, to notify the a/r that:

“You are eligible for payment of Medicare Part B premiums only because your income exceeds the limit for other coverage. MMDDYY the State will begin paying your Medicare Part B premium.”

2. Refer to the EIS Codes Appendix, EIS-4000 for appropriate disposition approval code for automated notice.

E. Classification

The classification in EIS is “B.” Individuals will be MQB-B or MAABD-B if dually eligible.

F. Certification Period

1. The c.p. always begins with the month of application.
2. The c.p. is 12 months for MQB-B and MAABD-B.

G. Authorization

Authorize effective the month of application if all eligibility criteria are met.

For review, authorization begins the first month of the new c.p. if all eligibility criteria are met.

H. Retroactive Period

Unlike MQB-Q coverage, coverage for Medicare Part B only (MQB-B) can be authorized retroactively for three months prior to the month of application. Always provide retroactive MQB-B coverage if the applicant meets eligibility criteria and is not already covered under MAABD.

NOTE: Medical need is not an issue for MQB-B retroactive coverage. It is a requirement for MAABD.

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(III.)

I. Cost of Living Allowance (COLA)

Exclude the monthly amount of the RSDI COLA from countable income in determining eligibility for January, February, and March of each year. Use the prior December amount to determine eligibility for January through March.

Effective April 1 begin counting the increased RSDI benefit that was effective in January.

When the COLA increase is greater than the Federal Poverty Level, some Medicaid beneficiaries may lose eligibility or move to deductible status. In this situation, the most recent COLA must be disregarded in determining continued eligibility. If the individual remains eligible when the SSA COLA is disregarded, the disregard continues until the beneficiary loses Medicaid eligibility or becomes eligible without the disregard. (Evaluate for COLA Disregard during review of NCXPTR report “DHREJA POV POT ELIG FOR PROG REV). This report is generated with the implementation of the Federal Poverty level changes in April of each year when the COLA is greater than the FPL increase.

J. Redeterminations

1. A redetermination of eligibility is required prior to the end of the c.p.
2. Evaluate a/r's eligibility for all Medicaid categories for which he may qualify.
3. Verify the following eligibility factors at every redetermination:
 - a. Medicare entitlement
 - b. Living Arrangement
 - c. Reserve
 - d. Income
 - e. Need